

SUPPLEMENT TO ATTACHMENT 3.1-A

12b. Dentures

Dentures for individuals are payable when full or partial dentures following extractions. Replacement or relining of existing full or partial dentures are payable after a minimum of 5 years has passed since the original dentures were provided. Initial reline of immediate dentures are payable. Repairs, rebasing, and tooth replacement of full or partial dentures and additional teeth for partial dentures are payable.

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12c. Prosthetic Devices

Experimental devices are not payable.

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12d. Eyeglasses

Corrective vision eyeglasses; contact lenses when necessary for the correction of irregular astigmatism, anisometropia in excess of 4 diopters or myopia in excess of 6 diopters; replacement eyeglasses after a minimum of 9 months since the old glasses were received or there is a change in correction needed of at least .5 diopters; and replacement contact lenses are limited to no more than two replacement lenses per year.

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13a. Diagnostic Services

Not provided

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13b. Screening Services

Not provided

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13c. Preventive Services

Not provided

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13d. Rehabilitative Services

Rehabilitation services are medical and remedial services that have been recommended by a physician for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level and provided by one of the following providers:

1. A traumatic brain injury unit within an adjustment training center which has been approved by the Department of Human Services.

Services provided by a traumatic brain injury unit will be limited to those services outlined in an individualized rehabilitation plan that is prepared following an interdisciplinary evaluation.

2. Community Support Service providers are agencies or facilities certified by the South Dakota Division of Mental Health as a Community Support Services Program provider and which provide services in accordance with the South Dakota Medical Assistance standards and requirements for Community Support Services. Eligible providers must have a separate program which is organized and staffed to provide the array of services specified in an individual's treatment plan.

a. **Frequency, Duration, and Scope of Community Support Services.** Medically necessary Community Support Services are provided subject to the limitations of the South Dakota Medical Assistance State Plan, see section 13d.d of this attachment, to assist eligible persons cope with the symptoms of their illnesses, minimize the effects of their disabilities on their capacity for independent living, or to limit periods of hospital treatment.

Community Support Services are reimbursable only when provided in accordance with a treatment plan approved by a physician. Crisis intervention (emergency) services are payable even though they are not included in the treatment plan when the services are recommended by a Community Support Services program staff or physician on duty during the crisis.

Eligible recipients are Medicaid recipients who are prior authorized for receipt of Community Support Services through a Community Support Services provider by the South Dakota Division of Mental Health. Comprehensive evaluations and emergency services do not require prior authorization by the Division of Mental Health. Prior authorization for entry into the program shall be made within a specified period of time as determined by the South Dakota Division of Mental Health and be based on a review of the program physician's comprehensive medical/psychological evaluation.

b. **Covered Service Activities.** Community Support Services are medically related rehabilitative treatment and support services provided through a self-contained program by teams of qualified staff under the supervision or direction of a physician. Certified and enrolled Community Support Program providers may bill Medicaid for Community Support Services when one or more of the following activities are rendered to a client by qualified staff that are employed by or under contract with the provider:

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- (1) **Comprehensive Medical/Psychosocial Evaluation.** A multi-functional assessment of the client conducted by a physician (psychiatrist, internist, or family practitioner), and clinicians under the supervision of the physician, to establish the medical necessity of providing services to a client by the Community Support Services Program provider and to formulate an individual treatment plan.

The comprehensive medical/psychosocial evaluation will include the following assessments:

- (a) Extent and effects of drug abuse and/or alcohol use;
- (b) Medical systems survey and physical examination;
- (c) Medication history;
- (d) Psychiatric and mental status examinations;
- (e) Diagnosis on all axes in accordance with DSM-III-R criteria; and
- (f) Clinical risk factors.

(2) **Medical Services.** Medical or psychiatric assessment, treatment, and prescription of pharmacotherapy. Medical and psychiatric nursing services including components of physical assessment, medication, assessment, and medication administration provided by registered nurses and licensed practical nurses shall be provided under the personal supervision of a physician. All medical services must be provided by qualified staff employed by or under contract with the provider.

(3) **Emergency Services.** Therapy performed in a direct and face-to-face involvement with a client available on a 24-hour basis to respond to a psychiatric or other medical condition which threatens to cause the admission of the client to a hospital or other crisis facility.

(4) **Counseling and Psychotherapy.** Counseling services are provided when medically necessary in a direct and face-to-face involvement with the client available on a 24-hour basis to listen to, interpret, and respond to the client's expression of his physical, emotional, and/or cognitive functioning or problems. Counseling services are provided within the context of the goals of the program's clinical intervention as stated in the client's treatment plan. Its purpose is to help the client achieve psychiatric stability.

Psychotherapy includes several highly specific modalities of therapy, each based on an empirically valid body of knowledge about human behavior. Provision of each requires specific credentials. The assessments, treatment plans, and progress notes in client records must justify, specify, and document the initiation, frequency, duration, and progress of such specific modalities of psychotherapy.

(5) **Psychiatric Rehabilitative Services.** Rehabilitative therapy is provided on an individual and small group basis to assist the client gain or relearn the self-care, interpersonal, and community living

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skills needed to live independently and sustain medical/psychiatric stability. Psychiatric rehabilitation is provided primarily in the home or in community based settings where skills must be practiced.

(6) **Billable Unit.** A billable unit of Community Support Services is defined as all contact with an eligible client on one day. Each contact shall be documented in the client's record indicating the date, the type of activity, and the duration.

d. **Other Limitations.** Community Support Services shall be authorized by a physician's determination of medical necessity, shall be supported by an individual treatment plan signed by the physician, and shall be provided by or under the supervision of a physician.

Vocational counseling, vocational training at a classroom or job site, academic/remedial educational services, and services which are solely recreational in nature shall not be reimbursed.

Clients shall receive a minimum of one face-to-face clinical contact each week.

Services provided with individuals other than the client shall not be reimbursed.

Services delivered by telephone shall not be reimbursed.

Services provided in an institution for mental disease shall not be reimbursed.

Case management services shall not be reimbursed in addition to Community Support Services for clients who are certified to receive services through the Community Support Services Program.

3. Mental Health Rehabilitation Services are recommended by a physician or a mental health Clinical Supervisor who is a licensed practitioner of the healing arts, within the scope of their practice under State law. Services must be provided by a Division of Mental Health accredited community mental health center as defined in South Dakota Administrative Rules. These services must be based on a medical/psychological evaluation.

Covered service is Mental Health Rehabilitative Services which include:

a. **Therapy Services.** Therapeutic discussions or interventions to assist individuals in identifying and eliminating or reducing the adverse effects of psychological, emotional or behavioral disorders or symptoms. Included are screening, psychological evaluation, diagnostic assessment and referral to other appropriate services, clinical interviews, collateral contact outside of the agency to gather or coordinate pertinent information, review of treatment, and psychotherapy.

b. **Psychiatric Services.** Medical services which are provided to diagnose and treat mental illnesses and related disorders.

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c. **Community Support Program (CSP) Services.** Those activities which meet basic physical, psychological and emotional needs; included are rehabilitative services designed to (1) assist individuals to develop competence in basic living skills in the areas of food planning, shopping, food preparation, money management, mobility, grooming, personal hygiene and maintenance of the living environment, and appropriate compliance with the medication regimen; (2) assist individuals to develop community awareness; (3) awareness of impairment related to illness and development of corresponding coping skills and supports; and (4) assist individuals to develop social skills including teaching communication and socialization skills and techniques. These services may also include supportive counseling directed toward eliminating psychosocial barriers that impede the individual's ability to function successfully in the community. These services are designed to strengthen individual skills and to develop the environmental supports necessary to sustain the individual as actively and independently as possible in a community setting to prevent or to reduce the need for inpatient psychiatric hospitalization.

d. **Inpatient Diversion Services.** Those activities based on a medical/psychiatric/psychological evaluation which provide prescribed treatment, monitoring of mental status and assessment of mental health indicators to alleviate a crisis which left untreated would result in a psychiatric hospitalization.

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